

February 29, 2008

Dear Members of the Public Health Committee:

My name is Richard Schottenfeld. I am a psychiatrist, Professor of Psychiatry at Yale University School of Medicine, and Medical Advisor. I have specialized in the field of Addiction Psychiatry for 24 years, and I have devoted my professional career to improving the availability and effectiveness of treatments for addictive disorders. I am writing to support AN ACT CONCERNING IMMUNITY FOR TREATMENT OF DRUG OVERDOSES WITH OPIOID ANTAGONIST," the proposed amendment to Section 1. Section 17a-714a of the general statutes. The bill would clarify the current language of the bill and greatly facilitate implementation of an effective measure to prevent overdose deaths in Connecticut.

We are fortunate that today we have some effective treatments for heroin and prescription opioid dependence. Unfortunately, however, there has been a dramatic increase in prescription opioid abuse and dependence, in particular among teenagers and young adults in Connecticut. Although we can expect that eventually nearly all of them will either discontinue drug use on their own or entry treatment, too many of them are now at great risk of dying from heroin or prescription opioid overdose.

One very important method for preventing overdose deaths is to ensure that anyone who does experience overdose receives prompt treatment with the opiate blocker, naloxone. Naloxone is a medication that attaches to the same receptors in the brain that heroin or other opiates affect, but unlike opiates, naloxone does not have any effect of the brain cells. People cannot get "high" from naloxone. Naloxone acts entirely as a blocker of the effects of heroin or prescription opioids. In the event of an opioid overdose, naloxone can reverse the overdose and prevent a person from dying.

Section 17a-714a of the general statutes was enacted to improve the availability of naloxone to treat overdose and prevent overdose deaths. The intent of the statute is to permit physicians to prescribe or dispense kits containing naloxone in an injectable form to individuals who are either at risk for overdose themselves or likely to be in contact with individuals who are at risk. In

Chicago, New York City, and other cities where naloxone kits have been made available, the kits have been used to save the lives of people experiencing an overdose. An additional advantage of this approach is that making the kits available becomes a form of outreach to out-of-treatment addicted individuals and may help engage these individuals in treatment.

Unfortunately, the language of Section 17a-714a of the general statutes is ambiguous about whether a physician is permitted to prescribe the naloxone kit to someone who may not use it himself or herself but who would use it to reverse an overdose in someone else. The proposed amendment would clarify the intent of the legislation and consequently encourage more widespread implementation of this public health approach to reducing overdose mortality.

I urge you to enact the bill.

Sincerely,

Richard Schottenfeld
APT Foundation, Medical Advisor